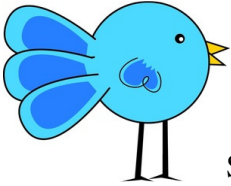


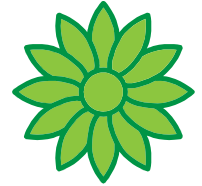
Utah State Hospital Newsletter

Issue 38

Spring 2012



Superintendent's Corner State of the Hospital



Spring is in the air and 2012 is turning out to be a great year for the hospital! March Madness is here and whether it's Basketball or Mandatory Training... it's all madness. Most of us will probably do much better on our competency test than we will on our bracket predictions.

We've definitely started out on the right foot. USH successfully completed the Periodic Performance Review with The Joint Commission and we will maintain our Accreditation Status for Psychiatric Hospitals. We continue to demonstrate that the individuals treated at USH receive Excellent Care. A no-brainer when you have Excellent Staff!!!

The Legislature also recognized the importance of the hospital as a valued mental health provider. We were approved for our ongoing Building Block of over 1 million dollars which allows us to continue at our current operational level. No bed closures this year!

We will be tracking the impact on the hospital as the Civil Commitment Law was modified to include "harmful sexual behavior" in the definition of dangerousness. Monies were allocated to assist USH with staff training and future hiring of staff for the purpose of treating those who are mentally ill and have sexual perpetration issues. It will be a crucial time to respond to this in a manner that maintains safety for all our patients.

The campus is continuing to change as the new Provo perimeter road should be completed by May. A new card-key entrance for staff will be available on the south end of campus. The new Mark I. Payne and Pediatric facilities should be bid out by summer and the architects are making great progress.

Our relationships with outside organizations and agencies continue to be awesome. The support we received from outside the hospital during the Legislative session was phenomenal. Also, we now have students from almost every discipline enjoying training experiences at the hospital. The feedback we receive from schools across the country highlight the Utah State Hospital as one of their premiere training sites.

We continue to work diligently with DTS in the development of e-chart. It is imperative that we meet the federal certification requirements for our EMR over the next couple of years. Many employees have been involved with DTS in the ongoing e-chart programming.

As you can see, the hospital continues to be very busy to enhance the efficiencies of our services and be a model State Hospital. Thanks to all of you for your efforts in patient care on the units and individual departments. Our outcomes demonstrate that we are a great team.

~Dallas Earnshaw, Superintendent



Utah State Hospital Museum A Popular Place to Visit

The Hospital's Museum is becoming a very popular place to visit. In 2011, we had 626 visitors to the museum. This was an increase of over 100 visitors from 2010. More and more people are finding the history of the hospital very intriguing and a visit to the museum is a great learning experience. Many visitors have had relatives who struggled through mental illness in the past and want to better understand what it was like for their loved ones. Others are students visiting as part of their education.



Our historian Janina Chilton has done an outstanding job creating a place that captures our history. It is amazing how she has been able to pull together artifacts, data, documents, pictures, etc. in a manner that tells our story. The setting in the old Superintendent's home has been a perfect environment to place the museum. Anyone visiting the museum will

attest that it is a touching experience as one learns more of our history in this setting. Janina has done many history presentations around the state in conferences and other events. This past year a presentation was done at the Springville Art Center where over 50 members of the Springville History Club attended. Everyone should take advantage of the opportunity to visit the museum. It is open every Tuesday and Thursday during normal business hours.

~Dallas Earnshaw, Superintendent



HAM Radio



With the advent of new technology, like cell phones and the Internet, is HAM radio going the way of the incandescent light bulb? Actually, it's not. HAM radio is here to stay. In fact, when disaster strikes, HAM radio is often the most reliable form of communication and can be the *only* way to communicate.

Last December when a violent wind storm hit Northern Utah, a newspaper headline read "HAM radio operators save the day." When Emergency communications were overwhelmed, dispatchers couldn't reach the Police or Fire Department. Dispatchers said it was frightening to push the "transmit" button only to have nothing happen. HAM radio operators responded and facilitated communication between dispatchers and emergency response personnel.

The State Hospital uses HAM radio as part of its emergency preparation plans. The hospital maintains several HAM radios and depends on community volunteers and trained hospital staff to be ready in an emergency. Each month we participate in a communication drill with community partners.

Becoming a licensed HAM radio operator is fairly simple. The test is offered each month and the \$14 fee can be reimbursed to hospital employees. Study materials for the test are available free of charge through the Internet. Having a HAM radio license can not only help the hospital be prepared but can also provide added peace of mind for your family and community.

For further information about HAM radio or how to become a licensed HAM radio operator, contact Alan Misbach (801) 344-4578 or amisbach@utah.gov.

~Alan Misbach, Director of Emergency Communications

Schizophrenics Anonymous Meeting

A couple of years ago, Pamela Higgins started the Schizophrenics Anonymous meetings at the Utah State Hospital. These meetings are held on Tuesday evenings at 6 p.m. and provide a support group for patients with schizophrenia-related disorders. This group has been a real blessing, especially for those that attend each week and realize they are not the only one experiencing the delusions and other symptoms related to the disorder.

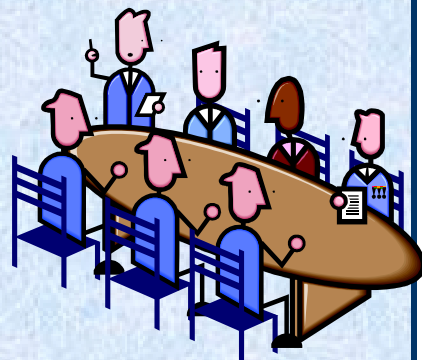
This group has ten to fifteen patients in attendance each week and is run by patients. There is a patient from the forensic unit that leads the meetings. This patient keeps the meeting on track and encourages the attendees to stay focused and engaged. Patients that attend this meeting express how thankful they are for the opportunity to attend and share their fears and hopes of healing from their own personal disorders.

Schizophrenics Anonymous is a self-help support group organized and managed by real people with the disorder. The self-help program was originated by Joanne Verbanic who founded SARDAA, Schizophrenia and Related Disorders Alliance of America. By August of 2009, she reported having over 150 groups in 31 states and several in foreign countries. Ms Verbanic designed a manual she calls the "SA Blue Book", along with six simple steps.

The steps are as follows:

- 1) **I Surrender**...I admit I need help. I can't do it alone.
- 2) **I Choose**...I choose to be well. I take full responsibility for my choices, and I realize the choices I make directly influence the quality of my days.
- 3) **I Believe**...I now come to believe that I have been provided with great inner sources, and I will use these resources to help myself and others.
- 4) **I Forgive**...I forgive myself for all the mistakes I have made. I also forgive and release everyone who has injured or harmed me in any way.
- 5) **I Understand**...I now understand that erroneous, self-defeating thinking contributes to my problems, failures, unhappiness and fears. I am ready to have my belief system altered so my life can be transformed.
- 6) **I Decide**...I make the decision to turn my life over to the care of a Higher Power, as I understand the Higher Power, surrendering my will and false beliefs. I ask to be changed in depth.

Patients in this group have been heard saying things to each other like, "I could not understand my disorder until I listened to you. You explained everything I am experiencing" or "I did not know that others felt the same loneliness". By the group members sharing their feelings with each other they are able to find hope to combat the often isolating illness of mental disorders and feel understood and validated. All patients are invited to attend this evening group to share their own personal stories regarding the symptoms they experience and to discover that they are not alone.



Pamela Higgins, LSAC Sunrise

Patient Council Completes "Character Counts" Projects

Over the past two years, the Patient Council has sponsored Hospital wide and Unit wide projects to promote the Pillars of the "Character Counts" program. These include: Respect, Fairness, Responsibility, Citizenship, Caring, and most recently Trustworthiness. Many creative ideas have come out of these efforts including unit competitions, educational presentations, art work, group discussions, poems and essays, service projects, surveys and many others. Units have been awarded over the past two years for their efforts. The projects developed into such a wide variety of excellent events that we stopped giving out unit awards because almost everyone did such a fantastic job and they were all deserving of recognition. The Character Counts program promoted many discussions and efforts to reinforce positive values in our hospital culture. It was exciting to report the outcomes and experiences in the Patient Council meetings. It was a lot of fun and hopefully made an impression on those who participated.

~Dallas Earnshaw, Superintendent

Tubing at Soldier Hollow

Employee's and their family members had a great time tubing at Soldier Hollow on March 1st. There were 99 tickets sold and all the runs were open with no waiting in lines. The new snow from the night before made the runs slow but fun. After the tubing, everyone went into the lodge and had hot chocolate and cookies. Pictures are available from Paul Cloward for this year as well as past years' tubing, if anyone is interested.

~Paul Cloward, Recreational Therapy Director





Emotion Regulation Module



The Emotion Regulation Module (ERM) has been active since late 2010. A committee was assembled in fall of 2009 to consider the evidence suggesting a connection between a Borderline Personality Disorder (BPD) diagnosis and seclusion and restraints. The hopes were that a treatment track focusing specifically in an evidence-based manner on the specified diagnosis would lead to reduced seclusion and restraints within this population. The multidisciplinary team consisted of members from medical staff, occupational therapy, recreational therapy, social work, nursing, and psychology. It was the finding of the committee that the majority of randomized controlled studies were in support of Dialectical Behavior Therapy (DBT) suggesting this treatment model as the best fit for Utah State Hospital. Currently a comprehensive DBT treatment module for Borderline Personality Disorder (BPD) is provided on the Recovery Skills Center in the Adult Services called the Emotion Regulation Module (ERM). Each patient receives nine hours of intensive psychosocial therapy including psychoeducational groups, occupational therapy groups, therapeutic recreation groups, and individual therapy. Patients also receive phone coaching, a modality that allows the patient to generalize the skills they learn in the treatment to real life situations. The goal is to adhere to the comprehensive DBT model supported by current research. This means DBT providers also meet weekly for consultation on the therapy they provide and to help reduce burnout that often accompanies. Providers include social workers, nursing, occupational therapy, therapeutic recreation, and psychology. Many of these treatment providers have sought extra training and professional development at their own expense in order to make this the most effective treatment it can be. There hope is to aid in the treatment of this debilitating disorder in the most effective psychosocial way available.

~Doug Benson, Director of Psychology

American Psychological Association Accredited Psychology Internship

Utah State Hospital (USH) currently provides a one year psychology internship program. A psychology intern is typically in the fourth year of their doctoral program. The internship is a requirement for completion and awarding of the doctorate. Psychology's Pre-doctoral Internship Program in Clinical Psychology has maintained membership status with Association of Psychology Postdoctoral and Internship Centers (APPIC) since October 1997. This allows USH exposure to applicants nationally and permits us participation in the very competitive match process for psychology interns. Intern applicants fly from all over the country to interview for the three positions at USH. There are usually 60 to 75 applicants with approximately 35 people being interviewed annually. Of those 35 we are matched with three. One of the reasons the Hospital's Internship Program is so competitive is that it has enjoyed full American Psychological Association (APA) accreditation since April 2000. This is the highest form of accreditation an internship for psychology can receive. It requires a yearly self study looking at multiple criteria for accreditation as well as a full site review every three to seven years. Our last APA re-accreditation survey occurred in 2009 at which time we were accredited for the full seven years. The benefits USH sees from having this high level of training available are many. Being a training facility requires the USH psychology staff to maintain "state of the art" status, keeping up on current research in assessment and psychosocial treatments and allows USH to remain cutting edge in these areas as well.

~Doug Benson, Director of Psychology



New HR Director

We would like to introduce our new HR director, Beth Alsobrook. Beth comes to us from the Utah Department of Corrections (UDC) where she was the HR specialist. Beth has had over 12 years of professional HR experience and holds a master's degree in public administration.

Prior to joining DHRM, Beth worked for the University of North Carolina as an Employee Services Manager. In this role, Beth was responsible for employee appreciation, employee improvement, performance management and implementation of policies. Beth's experience also includes working as an HR generalist for Scotland Health Care System in North Carolina, where she was involved with payroll processing, new hire orientation and special events coordination.

We are very fortunate to have such a qualified person take over in our HR office. We want to give Beth a very warm welcome to the hospital.

~Dallas Earnshaw, Superintendent

2012 HR Legislative Summary:

The following bills were passed:

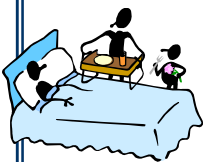


HB 9 (Fiscal Year Appropriations Act): This bill provides a 1% general increase for state agency and higher education employees.

HB 46 (Electronic Personal Medical Records): Employees and their dependents covered by Public Employees Health Program will be enrolled Clinical Health Information Exchange (cHIE), which is Utah's electronic health information exchange. The cHIE provides a safe, secure place for patients to share medical information with healthcare professionals. Employees have the option to opt out of cHIE. Read more about cHIE on the PEHP website: <https://www1.pehp.org/Pages/Chie.aspx>



HB 437 (Public Employees Health Care Benefits): PEHP and DHRM will coordinate ongoing training on benefit plans. The Bill also includes an employer contribution into the HSA of no less than \$750 for single and \$1500 for double/family; all HSA contributions for employees on an HDHP plan will be deposited twice yearly, in July and January instead of bi-weekly. The HDHP plans also will include a portability factor, so an employee who has been on an HDHP plan for at least 4 years and leaves state employment can choose to purchase the same plan through PEHP's conversion policy, at their own expense.



HRJ 21 (Joint Resolution on State Health Insurance): This bill deals with some cost and benefit plan design changes for medical and dental insurance:

- Premiums for health insurance for FY 2012 will stay the same as FY 11.
- Advantage and Summit Care will stay at a 90/10 premium split.
- Dental premiums will change to a 90/10 premium split. Each plan (traditional and preferred) will be restructured so the traditional plans will see a reduction in the premium costs, while the preferred plans will see a slight increase.
- Advantage and Summit Care will have a change in co-insurance from a 90/10 split to an 80/20 split to be equivalent to the co-insurance on the HDHP plans.
- A new HDHP option was created for employees.

~Beth Alsobrook, Director of Human Resources

Dispelling an Urban myth

In 2000 Janina Chilton wrote an article for the newsletter about a hospital urban myth that had been around for many years, in the hope that the article would help dispel the myth. However questions continue to be asked and the legend lives on about our little concrete structure on the hill by the Castle so we have decided to reprint the story again.



Have you ever been wandering on the hill behind the Castle and stumbled across a small concrete structure that resembles a small room? The room is partially buried in the hill and covered by brush. It contains a small fireplace, concrete shelf for a bed, has a window, a heavy wooden door and not much room for anything else. For many years there have been a number of myths surrounding the use of this room and a number of similar rooms that are now gone.

One of the most enduring myths is that these rooms were used as seclusion rooms. That myth has been around for least 50 years and has been handed down by both patients and staff. Since the question recently came up again, I have decided to let you know the actual use of the rooms.

During the Great Depression many people across the country were out of work. Utah was no exception. In response to the depression, President Franklin D. Roosevelt designed many programs to put America back to work. Two of those programs were the Works Progress Administration (WPA) and the Civilian Conservation Corps (CCC). Both of these programs had projects at or around the hospital.

In the 1930's the WPA built the Castle, Superintendents Home, helped remodel the old administration building, while the CCC terraced the hills behind the hospital to prevent soil erosion. Many of the men of the WPA who worked on these projects had no homes; they instead built the small rooms one of which still remains on the hill. These rooms served as their homes while working on these projects. The men would sleep in the rooms at night and shower at the hospital; they would also share meals with staff. In 1937 the WPA and CCC programs were disbanded and the little rooms abandon. Over time all but one has been destroyed.

The WPA and the CCC programs left many beautiful projects across the country, many that are now on the National Register of Historic Sites, including the Castle and the Superintendents Home. They also left a reminder of how hard the times were. The small room on the hill is just one of those reminders.

~Janina Chilton, Historian

You work with a fabulous group of people. Have you thanked them lately?

*A pat on the back is only a few vertebrae removed from a kick in the pants,
but is miles ahead in results.*

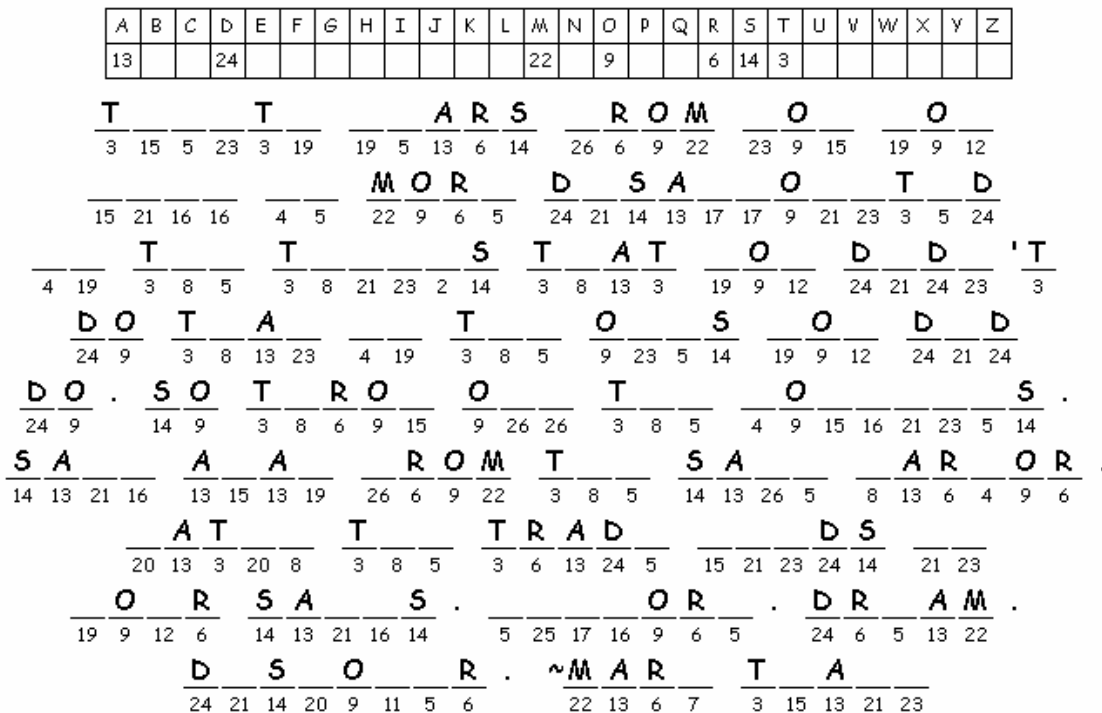
~Ellen Wheeler Wilcox



Congratulations!!!

Stephen Daisson has been accepted into the Psychiatric Nurse Practitioner program at the University of Utah and Alisa Garrett has been accepted into the Doctorate of Nurse Practitioner program at the University of Utah. Congratulations!!

The Employee Benefit fair will be held April 30 from 9 a.m. until noon in the Gym of the Heninger building. Be sure to come and check things out!



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USH NEWSLETTER

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Dallas L. Earnshaw, Superintendent

Please submit your ideas or articles to:
Amy Smith, Utah State Hospital
801-344-4202
P.O. Box 270
Provo, Utah 84603-0270
amysmith@utah.gov

Contributions to this issue:
Dallas Earnshaw, Superintendent
Alan Misbach, Social Work Director
Doug Benson, Psychology Director
Beth Alsobrook, HR Director
Pamela Higgins, LSAC Sunrise
Janina Chilton, Historian
Paul Cloward, RT Director

Answer: Twenty years from now you will be more disappointed by the things that you didn't do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover.
~Mark Twain